





### Proposed Project Checklist

Share this checklist with your adviser and/or evaluation team **before** starting your project.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the goal realistic for the available time?                         | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is it an in-depth project?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the project related to the unit topic?                             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the member assuming full responsibility for the project?           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the project plan complete and clearly stated?                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Will the project be the work of one individual?                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are the planned activities meaningful and significant to the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Answers to all questions should be "yes" for member to proceed.

Revisions suggested:

Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_



### Act

Here's what I accomplished:



### Follow up

Here's what I learned:

What were the most successful parts of your project?

What would you change if you repeated the project?

### Follow-up checklist (to be completed by adviser and/or evaluation team)

Did the student—

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Achieve the original goal?             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Complete all planned activities?       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Devote in-depth effort to the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Complete the project alone?            | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Answers to all questions must be "yes" for approval of project.

Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

